

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42317

State File No. 11168

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>11168</u>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2901a Thomas St.</u>					
3. NAME OF DECEASED (Type or Print) <u>Lula</u>		a. (First)		b. (Middle) <u>Hall</u>		c. (Last)			
4. DATE OF DEATH <u>Dec. 23 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>6-28-1989</u>		9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>		11. BIRTHPLACE (State or foreign country) <u>Jackson, Miss.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Calvin Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Luisa Brown</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mamie Robinson</u> ADDRESS <u>2901a Thomas St.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) <u>Undetermined</u>  DUE TO (c) <u>Cerebral Vascular Disease</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>491X</u>				22. I hereby certify that I attended the deceased from <u>12-19</u> , 19 <u>50</u> , to <u>12-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-23</u> , 19 <u>50</u> , and that death occurred at <u>9:25 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. W. Harris</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>2601 N Whittier St.</u>		23c. DATE SIGNED <u>12-27-50</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-29-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>DEC 28 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Fasser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ellis Funeral Home, Inc., 2820 Stoddard St.</u> ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*James A. Carter*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4680*

P. O. Address *4923 Suburban*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.